

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9690

BIRTH NO. _____		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 4335		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN TIPTON		c. LENGTH OF STAY (In this place) 8 months		c. CITY (If outside corporate limits, write RURAL and give township) TOWN TIPTON		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: NONE				d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) JOHN - WILL-RUBEN ROWLES				4. DATE OF DEATH (Month) (Day) (Year) 3 - 16 - 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6 - 20 - 1878	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) FORT WORTH - TEXAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME RUBEN ROWLES		13b. MOTHER'S MAIDEN NAME FANNIE WOOLERY		14. NAME OF HUSBAND OR WIFE LAURA-BELL ROWLES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Rowles			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/11 , 19 50 , to 3/16 , 19 50 that I last saw the deceased alive on 3/15 , 19 50 , and that death occurred at 6:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. F. Potts M.D.				23b. ADDRESS Tipton Mo		23c. DATE SIGNED 3/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-18-50		24c. NAME OF CEMETERY OR CREMATORY BETHELEHEM CEMETERY		24d. LOCATION (City, town, or county) (State) COOPER CO MO	
DATE REC'D BY LOCAL REG. 3-18-1950		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		FUNERAL DIRECTOR'S SIGNATURE James S. Richard		ADDRESS Tipton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1950

RECEIVED
MAR 21 1950
DISTRICT HEALTH OFFICER No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed

Jessie E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lepton Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.